



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 7361

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/066,091 | FILING DATE 02/01/2002 RULE | CLASS 514 | GROUP ART UNIT 1615 | ATTORNEY DOCKET NO. PC23132A |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Marshall D. Crew, Bend, OR;

William J. Curatolo, Niantic, CT;

Dwayne T. Friesen, Bend, OR; Michael Jon Gumkowski, Old Lyme, CT;

Douglas A. Lorenz, Bend, OR;

James A. S. Nightingale, Bend, OR;

Roger B. Ruggeri, Waterford, CT;

Ravi M. Shanker, Groton, CT;

** CONTINUING DATA *****

This application is a CIP of 09/918,127 07/30/2001
 which claims benefit of 60/223,279 08/03/2000

bf

** FOREIGN APPLICATIONS *****

BF

NINE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/02/2002

| | | | | | |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY OR | SHEETS DRAWING 0 | TOTAL CLAIMS 42 | INDEPENDENT CLAIMS 7 |
| Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Examiner's Signature <i>Notabara</i> | | Initials <i>bf</i> | | | |

ADDRESS

000152

CHERNOFF, VILHAUER, MCCLUNG & STENZEL

1600 ODS TOWER

601 SW SECOND AVENUE

PORTLAND, OR

97204-3157

TITLE

Pharmaceutical compositions of cholesteryl ester transfer protein inhibitors

| | | |
|------------|--|--|
| FILING FEE | FEES: Authority has been given in Paper | <input type="checkbox"/> All Fees |
| RECEIVED | No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> 1.16 Fees (Filing) |
| | No. _____ for following: | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |